

DEVELOPMENT SERVICES PLUMBING, MECHANICAL, TANK, & DEMOLITION PERMIT APPLICATION

121 5th Avenue N, Edmonds, WA 98020 Phone 425.771.0220 **1** Fax 425.771.0221

PLEASE REFER TO THE PLUMBING & MECHANICAL CHECKLIST FOR SUBMITTAL REQUIREMENTS

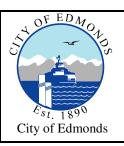
PROJECT ADDRESS (Street, Suite #, City State, Zip):		Parcel #:			
THIS WORK ASSOCIATED WITH ANOTHER PROJECT? Yes No Associated Permit		it #:			
APPLICANT:		Phone:	Fax:		
Address (Street, City, State, Zip):	ddress (Street, City, State, Zip):		E-Mail Address:		
PROPERTY OWNER:		Phone:	Fax:		
Address (Street, City, State, Zip):		E-Mail Address:	.		
LENDING AGENCY:		Phone:	Fax:		
Address (Street, City, State, Zip):	Address (Street, City, State, Zip):		E-Mail Address:		
CONTRACTOR:*		Phone:	Fax:		
Address (Street, City, State, Zip):		E-Mail Address:			
*Contractor must have a valid City of Edmonds business license prior to doing work in the City. Contact the City Clerk's Office at 425.775.2525		WA State License #/Exp. Date:			
		City Business License #/Exp. Date:			
PERMIT A PLUMBING MECHANICA	PPLICATION FOR: L TANK	DEMOLI	TION		
DETAIL THE SCOPE OF WORK:					
I declare under penalty of perjury laws that the information I and that I am the property owner or duly authorized agent of t Edmonds.					
Print Name:	rint Name: Owner Agent/Other (specify):				
Signature:	Date:				

PLUMBING FIXTURE COUNT				
Fixture Type (new and relocated)		Fixture Type (new and relocated)	Total #	
Water Closet (Toilet)		Pressure Reduction Valve/Pressure Regulator		
Sink (kitchen, laundry, lavatory, bar, eye wash, etc.)		Water Service Line		
Tub/Shower		Drinking Fountain		
Dishwasher		Clothes Washer		
Hose Bib		Backflow Prevention Device (e.g. RBPA, DCDA, AVB)		
Water Heater Tankless? Yes No No		Hydronic Heat in: Floor Wall		
Floor Drain/Floor Sink		Other:		
Refrigerator water supply (for water/ice dispenser)		Other:		

MECHANICAL			
Equipment Type	Appliance/Equipment Information (new and relocated)		
Furnace	Gas #Elec #Other: # BTUs: <100k >100k Location(s)		
Air Handler / VAV (circle selected)	Gas #Elec #Other: #CFM: <10k >10k Location(s)		
AC / Compressor / Boiler / Heat Pump / Roof Top Unit (circle selected)	Gas #Elec #Other: #BTUs:<100k,100k-500k,500k-1Mil HP:<3,3-15,15-30 Location(s)		
Hydronic Heating	Gas #Elec #In-FloorWall Radiant Boiler BTUs: Location		
Exhaust Fans (single duct)	Bath #Kitchen #Laundry #Other:#		
Fireplace	Gas #Elec #Other: # Location(s)		
Dryer Duct			

		FUEL GAS	
Appliance Type	Ap	pliance/Equipment Information (new and relocated)	Total #
AC Unit	BTUs:	Location(s):	
Furnace	BTUs:	Location(s):	
Water Heater	BTUs:	Location(s):	
Boiler	BTUs:	Location(s):	
Other:	BTUs:	Location(s):	
Fireplace/Insert	BTUs:	Location(s):	
Stove/Range/Oven			
Dryer			
Outdoor BBQ			
	TOTAL OUTLE	TS	

MEDICAL GAS, AIR, VACUUM			
Type of Gas/Air/Vacuum System	Type of Gas/Air/Vacuum System (new and relocated)		
Oxygen			
Nitrous Oxide			
Medical Air			
Carbon Dioxide			
Helium			
Medical – Surgical Vacuum			
Other:			
TOTAL OUTLETS			
	ANK		
TANK #1	TANK #2		
Method of Abandonment	Method of Abandonment		
Fill in Place Fill Material	Fill in Place Fill Material		
Removal	Removal		
Number of Gallons:	Number of Gallons:		
Critical Areas Determination: Study Required Condition	nal Waiver Waiver		
DEMO	LITION		
Type of structure to be demolished (e.g. house, shed, garage, etc			
Floor area of structure to be demolished:	sq. ft.		
Critical Areas Determination: Study Required Condition	nal Waiver Waiver		
PSCAA Case No	AHERA Survey done? (required)		
Additional comments:			



DEVELOPMENT SERVICES PLUMBING, MECHANICAL, TANK, & DEMOLITION PERMIT CHECKLIST

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PROJECT ADDRESS:	
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Plans shall be of sufficient clarity to indicate the location, nature, and extent of the work proposed, and conform to the provisions of the adopted International Codes and City Ordinances.

Applicant's Checklist	SUBMITTAL REQUIREMENTS The number indicates the number of copies for submittal(if applicable). Check marks indicate additional submittal requirements that may apply to your project.	Demolition	Tank Removal Decommission	Commercial Mechanical	Commercial Plumbing	Office Use Only
	Application Form C	1	1	1	1	
	Site Plan	3	1			
	Mechanical Plans			2		
	Manufacturer's Specifications/Cut Sheets	0	0	2	2	
	Elevation View for Roof Mounted Equipment	0	0	2	2	
	Structural Calculations			\checkmark		
	Plumbing Plans				2	
	Listed and Tested Fire Stopping Assemblies				2	
	Washington State Contractors License	✓	✓	✓	✓	
	Contractor's City of Edmonds Business License	✓	✓	✓	✓	
	Critical Areas Determination or Checklist	1	✓			
	State Non-Residential Energy Code compliance forms			2		

- Handouts and Standard Details may be found on the City's website www.edmondswa.gov or can be obtained at City Hall during normal business hours.
- Plans/calculation/reports prepared by state licensed architects or professional engineers must be stamped and signed by the design professional.